

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097889889

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
1	/		/		51		
2	/		/		52		
3	/		/		53		
4	/		/		54		
5	/		/		55		
6	/		/		56		
7	/		/		57		
8	/		/		58		
9	/		/		59		
10	/		/		60		
11	/		/		61		
12	/		/		62		
13	/		/		63		
14					64		
15	/		/		65		
16	/		/		66		
17	/		/		67		
18	/		/		68		
19	/		/		69		
20	/		/		70		
21	/		/		71		
22	/		/		72		
23	/		/		73		
24	/		/		74		
25	/		/		75		
26	/		/		76		
27					77		
28					78		
29					79		
30					80		
31					81		
32					82		
33					83		
34					84		
35					85		
36					86		
37					87		
38					88		
39					89		
40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	34	↓	3	↓			
TOTAL DEP.	26	↓	23	↓			
TOTAL CLAIMS	59	21					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS